STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964718	**04/21/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MARILUCA 1	**8411 SW 21 STREET MIAMI, FL 33155**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial survey was conducted on . Mariluca 1 with Limited Mental Health component has the following deficiencies at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview the facility failed to ensure that 1 of 6 (#1) facility residents was able to perform activities of daily living with assistance to meet the continued residency.

Findings as follow:

On . . / . . observed that Resident #1 was assisted by Staff in transferring from the wheel chair.

Record review (assessment date: . . / . . .) documented Resident #1 needed total assistance with ambulation, dressing, toilleting and transferring.

On . . / . . at 2:00 p.m. the facility's Administrator stated Resident #1 needed assistance with transferring, ambulation, dressing and toileting. Adding, that they would request a new assessment from the doctor.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review, and interview the facility failed to ensure that 1 out of 6 (Resident #5) facility residents had a doctor's order and signed consent form by the resident or representative for the use of half bed rails.

Findings as follow:

On at 8:20 a.m. observed the bed of Resident #5 with a half rails in the upright position in its right side.

Record review showed the facility failed to have a bed rail order and a signed consent for the use of bed rails for Resident #5.

On / at 2:00 p.m. the facility's Manager acknowledged the facility had neither a bed rails order or a consent for the use of bed rails for Resident #5.

Class III

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0078 Continued From page 1

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for 1 out of 6 (Staff E) within 30 days of employment. The facility failed to have evidence of a negative ( ) examination documented on an annual basis for 3 out of 6 (Staff A and C).

Findings as follow:

The facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for Staff E (hired month than a month ago). Record review found Staff A and C did not have negative exams annually. The last exam for Staff A was dated and Staff C was dated .

On / Staff E stated, "I have been working in facility for more than a month."

On / at 2:30 p.m. the facility's Manager acknowledged the facility did not have the documentation.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility's Manager failed to have 12 hours of continuing education in topics related to assisted living every 2 years

Findings as follow:

Record review found the facility's manager did not have 12 hour of continuing education in topics related to assisted living every 2 years.

On / at 2:30 p.m. the facility's Manager acknowledged the facility did not have the documentation.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure 2 out of 6 (Staff D and E) facility staff received in-service training within 30 days of employment.

Findings as follow:

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SUMMARY STATEMENT OF DEFICIENCIES
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0081 Continued From page 2

Record review showed the facility failed to ensure that Staff D (caretaker, hired on) received a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents.

On Staff E stated, "I have been working in facility for more than a month."

Record review showed Staff E (hired more than a month ago) did not have the following trailing:
-a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents.
-a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
-a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , neglect, and .
-3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
-a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.
-and the facility's resident elopement response policies and procedures within thirty (30) days of employment.

On at 2:00 p.m. the facility's Manager stated the control training documentation was misplaced and confirmed that Staff E did not have the training.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview the facility failed to have 2 out of 6 (Staff D and E) facility staff trained in and within 30 days of employment.

Findings as follow:

Record review showed the facility failed to have documentation of the Staff D (hired on) and Staff E (hired more than a month ago) had and training.

On Staff E stated, "I have been working in facility for more than a month."

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0082 Continued From page 3

On at 2:30 p.m. the facility's Manager stated the and training for Staff D was misplaced and added that Staff E had not received the and training.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record review, and interview the facility failed to have 3 out of 6 (Staff B, E, and G) facility staff trained in assisting residents with self administration of medications.

Findings as follow:

On / at noon observed Staff E (hire date unknown) assisting Resident #1 with self administration of medications.

Record review showed the facility failed to have proof that Staff E trained in assisting residents with self administration of medications. Record review showed the facility also failed to show documentation of the medication training for Staff B and G.

On / interviews with Staff E and G reported that assisted residents with self administration of medications. Staff E confirmed that she had not recieved the training.

On at 2:15 p.m. the facility's manager acknowledged the facility failed to have the medication training for Staff B, E, and G.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to have 2 out of 6 (Staff D and E) facility staff trained in ( ) within 30 days of employment.

Findings as follow:

Record review showed the facility failed to have documentation of the Staff D (hired on) and Staff E (hired more than a month ago) had training.

On Staff E stated, "I have been working in facility for more than a month."

On / at 2:30 p.m. the facility's Manager stated the training for Staff D was

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0090 Continued From page 4

misplaced and added that Staff E has not received the training.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 1 out of 6 (#1) facility residents. The facility failed to record weights for 1 out of 6 (#1) facility residents every six months.

Findings as follow:

Record review found that Resident #1's contract was signed by a family member. The facility did not have documentation of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for Resident #1. Record review also found Resident required assistance with bathing on the health assessment dated ../../.... Record review found the facility last recorded Resident #1's weight on 2014. The facility did not have documentation that Resident #1's weight was recorded every six months.

On at 2:00 p.m. the facility's Manager stated a family member of Resident signed the contract and acknowledged the facility did not have documentation of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for Resident #1. And also confirmed the facility did not have weights recorded for Resident #1 every six months.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have 1 out of 6 (Staff D) facility staff trained in working with Limited Mental Health residents.

Findings as follow:

Record review documented the facility holds an ALF license with Limited Mental Health component.

Record review documented the facility failed to have documentation of the Staff D (hired on) had Limited Mental Health training within 6 months of employment.

On ../.. at 2:30 p.m. the facility's Manager stated, Staff D had not received the Limited Mental Health training.

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SUMMARY STATEMENT OF DEFICIENCIES
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L243 Continued From page 5

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on observation, record review, and interview the facility failed to have a Level 2 background screening competed for 2 out of 6 (Staff E and G) facility staff.

Findings as follow:

On at 8:20 a.m. arrived to the facility and found Staff E and G plus another woman in the facility caring for six residents and one daycare participant. Staff E and G were observed assisting residents with the activities of daily living. Staff G was also observed preparing and serving breakfast. On / at at 10:26 a.m. Staff G was observed in the kitchen preparing food for lunch. On at noon observed Staff E (hire date unknown) assisting Resident #1 with self administration of medications.

Record review showed the facility failed to have proof that Staff E trained in assisting residents with self administration of medications. Record review showed the facility also failed to show documentation of the medication training for Staff and G. Record review found the facility did not have records for Staff E and G. Record review showed the facility failed to perform the Level 2 Background screening for Staff E and G.

On / interviews with Staff E and G reported that assisted residents with self administration of medications. Staff E confirmed that she had not received the training.

On / / Staff E stated, "I have been working in facility for more than a month."

On at 12:15 pm Staff G stated, "I have been working in facility for 3 days. I sleep in facility."

On at 1:00 p.m. the facility's Administrator acknowledged the findings that Staff E and G did not have Level 2 background screening.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Mariluca 1
8411 Sw 21 Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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